MULTIPLE DEPENDENT CLAIM CILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER I" AMENDMENT 2 ⁵⁴ AMENDMENT AS FILED I"AMENDAIRNT 2 " ANIEND NIENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 32 TOTAL DYD. DND. TOTAL DEP.